PTOISB/06 (08-07)
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PATEN	T APPLICATIO	N FEE DET	Crimina I i	ON REC	CORD	KOMBANON WA	Applic	days a valid OM stion or Doctor 1 GOZ	B control number  475		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTH SMAL			
FOR	MUMBER FILEC	NUM	NUMBER EXTRA		RATE	FEE	7	D175	T :	<b>-1</b> ·	
BASIC FEE (37 CFR 1,18(a))	• •			1			1	RATE	FEE	-}	-
TOTAL CLAIMS (37 CFR 1 18(c))				┪┝╌		<del>  `</del> -	OR	<b> </b>		4	
INDEPENDENT CLAIMS	, minus	, ·	<del></del>	<u>۰</u> ۰۰	<u> </u>	<del>  -:-</del>	OR	48		₫.	
(37 CFR 1,16(b)) minus 3 a ·			_ X E	<u> </u>	<u> </u>	OR	- A S				
MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.18(9))							OR	• = -		1	
* If the difference in column 1 is less than zero, enter "IT" in column 2.				. 1	OTAL		OR	TOTAL			
CLAIN	AS AS AMENDE	- PART II					•			7	
(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR		R THAN LENTITY		
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Millions Millions		154	1.7/	X 5_			OR	x 5 •	IX	]	
FIRST PRESENTATION OF WULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						İ	OR	+:		1	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 G/R I 1000)							OR	* 524244	700	' Au	
1 1.2					L FEE		OR	TOTAL ADD'L FEE	400	٠.	
×12410/00	Aumn 1)	(Cotumn 2)	(Column 3)	٠.					<u> </u>		
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Lindependent Control Control Control Control	7 Hinus	··· 4	• /	X 6_	<u> </u>		OR OR	200.	200	•	
FIRST PRESENTATION OF ARIA TIPLE DEPENDENT CLAIM (27 CFR 1.18(4))											
•				TOTAL		.	OR E	TOTAL ADD'L FEE	200		
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 20, enter "20"  "If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 3, enter "7.  The "Highest Mumber Previously Paid For" (first or includent and in the bishers than 1.										• •	

This conscion of information is required by 37 CFR 1.18. The information is required to cottain or retain a benefit by the public which is to file (and by the USP10 to process) an application Confidentiatily is governed by 35 U.S.C. 122 and 37 CFR 1.14. This confection is estimated to take 12 minutes to complete, including gathering, prepaing, and submitting the completed application form to the USP10. Time will vary depending upon the individual case, any comments on the amount of time you recurre to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and solact option 2.